

Notifiable Conditions Rule Revision

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On January 11, 2005, the Washington State Board of Health filed an amendment to Washington Administrative Code (WAC) 246-101 that made changes in requirements for the reporting of notifiable conditions. These changes became effective February 15, 2005, and affect all reporters of notifiable conditions and recipients of reports, including healthcare providers and facilities, clinical laboratories, local health jurisdictions, the Department of Health and others. **This notice is to make you aware of these changes and clarify the details of the changes.**

The following provisionally notifiable conditions have been adopted as permanently notifiable:

- Birth Defects – Autism Spectrum Disorder
- Birth Defects – Cerebral Palsy
- Birth Defects – Alcohol Related Birth Defects
- Birth Defects – Abdominal Wall Defects
- Chronic Hepatitis B (initial diagnosis and previously unreported prevalent cases)
- Acute Hepatitis C
- Chronic Hepatitis C (initial diagnosis and previously unreported prevalent cases)
- Herpes simplex (neonatal and initial genital infection only)

Arboviral (mosquito-, sandfly- or tick-borne) **Disease**, made notifiable August 3, 2004, by an emergency order of the State Health Officer, has been adopted as permanently notifiable, and replaces **Encephalitis, viral** which has been removed from the list of notifiable conditions.

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Streptococcus, Group A, Invasive has been dropped from the list of notifiable conditions.

A. Changes in notifiable condition reporting for health care providers and health care facilities:

Health care providers and facilities are required to:

1. Notify the local health jurisdiction of the patient's residence or the local health jurisdiction where the provider or facility is located within three days of confirmed or suspected cases of **Arboviral Disease** (includes, but is not limited to: Eastern equine encephalitis, Western equine encephalitis, St. Louis encephalitis, dengue, West Nile virus disease, California encephalitis, Powassan encephalitis, Japanese encephalitis, Colorado tick fever, etc.).
2. Notify the local health jurisdiction of the patient's residence or the local health

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Practice Guidelines

The following practice guidelines have been developed by the Clinical Laboratory Advisory Council. They can be accessed at the following website:
www.doh.wa.gov/lqa.htm

Anemia	Lipid Screening
ANA	Point-of-Care Testing
Bioterrorism Event Mgmt	PSA
Bleeding Disorders	Rash Illness
Chlamydia	Red Cell Transfusion
Diabetes	Renal Disease
Group A Strep Pharyngitis	STD
Hepatitis	Thyroid
HIV	Tuberculosis
Infectious Diarrhea	Urinalysis
Intestinal Parasites	Wellness

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jurisdiction where the provider or facility is located within three days of confirmed or suspected cases of **Herpes simplex** (neonatal and initial genital infection only).

3. Notify the local health jurisdiction of the patient's residence or the local health jurisdiction where the provider or facility is located within one month of confirmed or suspected cases of **Acute Hepatitis C** and **Chronic Hepatitis B and C** (initial diagnosis and previously unreported prevalent cases).
4. Notify Department of Health Maternal and Child Health Assessment of **Birth Defects – Autism Spectrum Disorder, Cerebral Palsy, and Alcohol Related Birth Defects** within a month of diagnosis.
5. In addition, health care facilities are required to notify Department of Health Maternal and Child Health Assessment of **Birth Defects – Abdominal Wall Defects** (inclusive of gastroschisis and omphalocele) within a month of diagnosis.

Encephalitis, viral and **Streptococcus, Group A, Invasive** are no longer designated as notifiable conditions, and are not required to be reported by providers or facilities.

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Website addresses:

DOH home page: <http://www.doh.wa.gov>
LQA home page: <http://www.doh.wa.gov/lqa.htm>
PHL home page: <http://www.doh.wa.gov/EHSPHL/PHL/default.htm>

B. Changes in notifiable condition reporting for laboratories and laboratory directors:

Laboratories and laboratory directors are required to:

1. Notify the local health jurisdiction of the patient's residence or the local health jurisdiction where the laboratory is located within two days of laboratory results consistent with Arboviral Disease (includes, but is not limited to: Eastern equine encephalitis, Western equine encephalitis, St. Louis encephalitis, dengue, West Nile virus disease, California encephalitis, Powassan encephalitis, Japanese encephalitis, Colorado tick fever, etc.) including viral isolation, detection of viral nucleic acid or antibody.
2. Notify the local health jurisdiction of the patient's residence or the local health jurisdiction where the laboratory is located within one month of laboratory results consistent with Hepatitis C and Hepatitis B including detection of viral nucleic acid, antigen or antibody.

C. Changes in notifiable condition reporting for local health jurisdictions:

In addition to being prepared to receive reports of and investigate: **Chronic Hepatitis B** (initial diagnosis and previously unreported prevalent cases) **Acute Hepatitis C** and **Chronic Hepatitis C** (initial diagnosis and previously unreported prevalent cases) and **Herpes simplex** (neonatal and initial genital infection only), local health jurisdictions are required to:

1. Submit a written, telephonic or electronic report to the Department of Health Communicable Disease Epidemiology Section for confirmed or suspected cases of Arboviral Disease (includes, but is not limited to: Eastern equine encephalitis, Western equine encephalitis, St. Louis encephalitis, dengue, West Nile virus disease, California encephalitis, Powassan encephalitis, Japanese encephalitis, Colorado tick fever, etc.) and Acute Hepatitis C within seven days of completion of the disease investigation.
2. Submit a written, telephonic or electronic report to the Department of Health Infectious Disease and Reproductive Health Assessment Unit for confirmed or suspected cases of

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Chronic Hepatitis B and C (initial diagnosis and previously unreported prevalent cases) and Herpes simplex (neonatal and initial genital infection only) within seven days of completion of the disease investigation.

3. Encephalitis, viral is no longer a notifiable condition.
4. Streptococcus, Group A, Invasive is no longer a notifiable condition.

D. To report notifiable conditions (except Birth Defects), contact your local health jurisdiction; for additional information about these conditions, contact your local health jurisdiction or the Washington State Department of Health (DOH) programs listed below. Birth Defects should be reported to DOH.

Contact information for local health jurisdictions, see <http://www.doh.wa.gov/LHJMap/LHJMap.htm>.

For questions about reporting **Arboviral Disease or Acute Hepatitis C**, or for questions about **Streptococcus, Group A, Invasive or Encephalitis, viral** contact:

Communicable Disease Epidemiology Section
Division of Health Statistics, Epidemiology and Public Health Laboratories
Washington State Department of Health
1610 NE 150th Street
Shoreline, WA 98155 Phone: 206-418-5500 Fax: 206-418-5515

For questions about reporting **Chronic Hepatitis B or C**, or for questions regarding these conditions contact:

Jae Taylor
Infectious Disease and Reproductive Health Assessment Unit
Division of Community and Family Health
Washington State Department of Health
PO Box 47838
Olympia, WA 98504 Phone: 360-236-3416 Fax: 360-586-5440

For questions about reporting **Herpes simplex**, or for questions regarding this condition, contact:

Anna Easton
Sexually Transmitted Disease Program
Division of Community and Family Health
Washington State Department of Health
PO Box 47838
Olympia, WA 98504 Phone: 360-236-3441 Fax: 360-236-3470

To report **Birth Defects – Autism Spectrum Disorder, Cerebral Palsy, Alcohol Related Birth Defects, or Abdominal Wall Defects**, or for questions regarding these conditions, contact:

Jeanette Robbins
Information Technology Application Specialist
Maternal and Child Health Assessment
Division of Community and Family Health
Washington State Department of Health
NewMarket Industrial Campus, Bldg 10
PO Box 47835
Olympia, WA 98504-7835 Phone: 360-236-3492 Fax: 360-236-2323

For additional information about notifiable conditions in Washington, see: <http://www.doh.wa.gov/notify/list.htm>.

MTS Revised Rule

Effective 3-19-05

The revised MTS Rule will become effective on March 19, 2005. A copy of the revised Rule can be downloaded from the LQA website:

<http://www.doh.wa.gov/lqa.htm>

Select *MTS Laws*

Select *MTS Rule*

OR

Select *Updates*

Select *Changes to Medical Test Site Rules*

Calendar of Events

PHL Training Classes:

(<http://www.doh.wa.gov/EHSPHL/PHL/train.htm>)

Advanced Blood Cell Morphology

March 12 Shoreline

March 17 Shoreline

Parasitology Part III: Trichrome Stains

March 23 & 24 Shoreline

2005 WSSCLS/NWSSAMT Spring Meeting

April 21-23, 2005 Spokane

Northwest Medical Laboratory Symposium

October 26-29, 2005 Seattle

12th Annual Clinical Laboratory Conference

November 7, 2005 Seattle

Contact information for the events listed above can be found on page 2. The Calendar of Events is a list of upcoming conferences, deadlines, and other dates of interest to the clinical laboratory community. If you have events that you would like to have included, please mail them to ELABORATIONS at the address on page 2. Information must be received at least one month before the scheduled event. The editor reserves the right to make final decisions on inclusion.

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